

10/74ESSO

APPLICATION AS FILED - PART I
(Column 1)

(Column 1)		(Column 2)		SMALL ENTITY		OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA		RATE (\$)	FEES (\$)	RATE (\$)	FEES (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))							
SEARCH FEE (37 CFR 1.16(d), (d), or (e))							
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))							
TOTAL CLAIMS (37 CFR 1.16(l))							
INDEPENDENT CLAIMS (37 CFR 1.16(n))	minus 20 =	*					
APPLICATION SIZE FEE (37 CFR 1.16(s))	minus 3 =	*					
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))							
If the difference in column 1 is less than zero, enter '0' in column 2.							
APPLICATION AS AMENDED - PART II				TOTAL		TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

APPLICATION AS AMENDED - PART II

AMENDMENT A		(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY		OTHER THAN SMALL ENTITY	
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)
10/24/05		Total (37 CFR 1.16(s))	14	Minus	20	=	x 25 =		x 50 =		
		Independent (37 CFR 1.16(p))	3	Minus	6	=	x 100 =		x 200 =		
		Application Size Fee (37 CFR 1.16(s))									
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS (37 CFR 1.16(u))											
AMENDMENT B		(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY		OTHER THAN SMALL ENTITY	
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)
2/1/06		Total (37 CFR 1.16(s))	13	Minus	20	=	x =		x =		
		Independent (37 CFR 1.16(p))	0	Minus	6	=	x =		x =		
		Application Size Fee (37 CFR 1.16(s))									
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS (37 CFR 1.16(u))											

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.
 A collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit under PTO to process an application. Confidentiality is governed by 35 U.S.C. 122.
 including gathering, preparing, and submitting.

• If the entry in column 1 is less than the entry in column 2, write "0" in column 3
 • If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"
 • If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1
 collection of information is required by 37 CFR 1.16. The information is required to obtain or retain
 TO process an application. Confidentiality is governed by 37 CFR 1.14. The information is required for
 filing, gathering, preparing, and

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. (DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.)

If you need assistance in completing this form, call 1-800-ETO-9199 and someone will help you.